Authorized Signature

15 Date <u>36,59</u>1 Registration No.

Typed or printed name Michael J. Mallie

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Applicant claims small entity status. See 37 CFR 1.27. Examiner Name Alpus Hsu 2665	COL D	 2			IAL							
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Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP	METHO	D OF PAY	MENT (c	heck all	that apply)			:				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments Credit any overpayments Credit any overpayments	□ Check □ Credit card □ Money Order □ None □ Other (please identify):											
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SUBMITTED B	Complete (if applicable)				
Name (Print/Type)	Michael J. Mallie	Registration No. (Attorney/Agent)	36,591	Telephone	(408) 720-8300
Signature	2			Date	02/01/05